

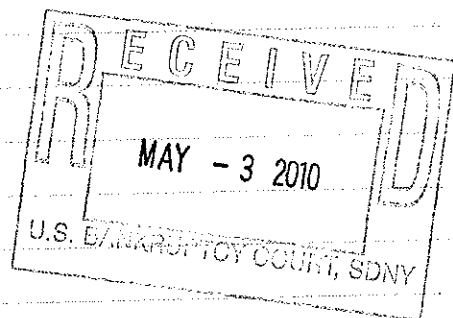
To: United States Bankruptcy Court
and clerk of court

From: Latrell Barfield
P.O. box 536234
Orlando, Florida 32853-6234

Subject: Case 09-50026 (REG)
Motors Liquidation Company

Latrell Barfield would like to
file this indigency application
in the case 09-50026 (REG)
Latrell Barfield had mailed to the
Garden city Group Inc. previously.

Latrell Barfield



IN THE CIRCUIT/COUNTY COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA NEW YORK
Latrell D. Barfield
Plaintiff/Petitioner or In the Interest Of
vs. Motors Liquidation Company
Defendant/Respondent

CASE NO. 09-50026 (REG)

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence you must enroll in the clerk's office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be charged for Dependency or Chapter 39 Termination of Parental Rights actions.

1. I have 0 dependents. (Include only those persons you list on your U.S. Income tax return.)
Are you Married? Yes No Does your Spouse Work? Yes No Annual Spouse Income? \$ 00.00

2. I have a net income of \$ 674.00 paid weekly every two weeks semi-monthly monthly yearly other

(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered payments such as child support.)

3. I have other income paid weekly every two weeks semi-monthly monthly yearly other One income social security
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job	Yes \$ <u>00.00</u>	No <u>No</u>	Veterans' benefits	Yes \$ <u>00.00</u>	No <u>No</u>
Social Security benefits	Yes \$ <u>674.00</u>	No <u>No</u>	Workers compensation	Yes \$ <u>00.00</u>	No <u>No</u>
For you	Yes \$ <u>00.00</u>	No <u>No</u>	Income from absent family members	Yes \$ <u>00.00</u>	No <u>No</u>
For child(ren)	Yes \$ <u>00.00</u>	No <u>No</u>	Stocks/bonds	Yes \$ <u>00.00</u>	No <u>No</u>
Unemployment compensation	Yes \$ <u>00.00</u>	No <u>No</u>	Rental income	Yes \$ <u>00.00</u>	No <u>No</u>
Union payments	Yes \$ <u>00.00</u>	No <u>No</u>	Dividends or interest	Yes \$ <u>00.00</u>	No <u>No</u>
Retirement/pensions	Yes \$ <u>00.00</u>	No <u>No</u>	Other kinds of income not on the list	Yes \$ <u>00.00</u>	No <u>No</u>
Trusts	Yes \$ <u>00.00</u>	No <u>No</u>	Gifts	Yes \$ <u>00.00</u>	No <u>No</u>

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash	Yes \$ <u>00.00</u>	No <u>No</u>	Savings account	Yes \$ <u>00.00</u>	No <u>No</u>
Bank account(s)	Yes \$ <u>00.00</u>	No <u>No</u>	Stocks/bonds	Yes \$ <u>00.00</u>	No <u>No</u>
Certificates of deposit or money market accounts	Yes \$ <u>00.00</u>	No <u>No</u>	Homestead Real Property*	Yes \$ <u>00.00</u>	No <u>No</u>
Boats*	Yes \$ <u>00.00</u>	No <u>No</u>	Motor Vehicle*	Yes \$ <u>00.00</u>	No <u>No</u>
			Non-homestead real property/real estate*	Yes \$ <u>00.00</u>	No <u>No</u>

*show loans on these assets in paragraph 5

Check one: I DO DO NOT expect to receive more assets in the near future. The asset is _____

5. I have total liabilities and debts of \$ 6465.38 as follows: Motor Vehicle \$ 00.00 Home \$ 1600.00 Other Real Property \$ 00.00 Child Support paid direct \$ 00.00 Credit Cards \$ 4865.38 Medical Bills \$ 00.00 Cost of medicines (monthly) \$ 00.00 Other \$ 00.00

6. I have a private lawyer in this case. Yes No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this 27 day of April, 2010
04-24-1972 B614-524-72-644-4
Date of Birth Driver's License or ID Number

Latrell Barfield
Signature of Applicant for Indigent Status
Print Full Legal Name Latrell Denise Barfield
Phone Number: 407-416-0687

P.O. BOX 536234, Orlando, Fla.
Address, P O Address, Street, City, State, Zip Code
32853-6234

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent, according to s.
57.082, F.S.

Dated this _____ day of _____, 20 _____.

Clerk of the Circuit Court by _____

This form was completed with the assistance of: _____

Clerk/Deputy Clerk/Other authorized person.

**APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME.
THERE IS NO FEE FOR THIS REVIEW.**

Sign here if you want the judge to review the clerk's decision

Latrell Barfield